

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/27/03.

I. DISPUTE

Whether reimbursement is recommended for the CPT codes and dates of service listed below. Carrier denied services for CPT code 99080-73 as "F-218-Not according to Treatment Guidelines. Report charge was denied, as it does not fall within the report guidelines per TWCC rules. CPT codes 97545-WH and 97546-WH were denied as A-Not precerted. CPT code 99213 was denied as N-272-Not documented. Potential code change: No documentation submitted with the bill. Please return bill and EOR with documentation to support this charge.

II. FINDINGS

Requestor has withdrawn dates of service 10/02/02, 10/14/02, 10/16/02, 10/17/02, 10/24/02, 10/28/02, 10/30/02 and 12/02/02 and 12/03/02 they have been paid per the revised Tables of Disputed Services submitted on 06/12/03 and 06/18/03 by requestor and will not be reviewed.

III. RATIONALE

Requestor billed \$128.00 for each date of service 10/18/02, 10/21/02, and 10/22/02 for CPT code 97545-WH. (\$64.00 x 2 units for each date of service)

Requestor billed \$384.00 for each date of service 10/18/02, 10/21/02, and 10/22/02 for CPT code 97546-WH. (\$64.00 x 6 units for each date of service)

Carrier denied services as A-Not precerted. Per 134.600 CARF accredited programs do not require preauthorization per Advisory 2003-12.

The provider is CARF accredited for the dates of service 10/18/02, 10/21/02 and 10/22/02. The reimbursable rate for CARF accredited facilities is \$64.00 per hour.

Relevant information supports delivery of service. Therefore, reimbursement is recommended in the amount of **\$1,920.00**. (\$64.00 x 30 units)

CPT code 99213 for date of service 10/02/02 carrier denied services as not documented.

Requestor submitted documentation that supports the documentation criteria per the MFG.

Therefore; reimbursement is recommended in the amount of **\$48.00**.

CPT code 99080-73 for the date of service 12/31/02 carrier denied services as not according to Treatment Guidelines. Per rule 129.5(i), requestor filled out a TWCC-73 for the employee to return to work and is in accordance with the rule referenced and reimbursement is recommended in the amount of **\$15.00**.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97545-WH, 97546-WH, 99080-73 and 99213. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1,983.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mb